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ABSTRACT

A case history of the development of a new Kansas state policy on juvenile delinquency illustrates the use of policy impact analysis and suggests four principles to follow in prescriptive policy analysis. A Kansas governor's task force on juvenile delinquency found evidence linking delinquency to undetected health problems (in sight, hearing, speech, or other neurological systems) that are likely to cause school or behavior problems. The task force recommended that child health assessments, using the state's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program, be made a precondition for entering any Kansas school. To justify its recommendation, the task force used the "social costs" method of policy impact analysis, arguing that EPSDT's costs would be offset by savings in treating and handling juvenile delinquency. From this case history, their own experiences, and the literature, the authors identify four principles of prescriptive policy analysis. The first principle maintains that the primary test of a recommendation is whether it changes existing policy. The other principles state that policy analysts should know their limitations, analyze the impact of doing nothing, and describe both the social or physical process to be changed and the nature of the change. (Author/BW)

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Health and Juvenile Delinquency: Prescriptive Policy Analysis As a Practical Art

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Evaluation research is many times focused on the potential impact of new programs or policies based on research on the effectiveness of pilot programs. For example, proposed policy changes regarding work incentives in cash assistance programs were piloted for research purposes and reported on extensively (Lynn, 1978; Rossi and Lyall, 1978). Pilot tests, however, require time, quite often lengthy periods of time, to conduct, and their research findings are frequently ambiguous. In the interim the interests of policy makers that initiated the research, or more likely, the policy makers themselves may have changed.

Since policy makers will provide their own solutions to policy areas they consider problematic, they desire policy advice based on the best information available. The following case study illustrates how evaluation research can be used to provide policy advice. It is based not on a pilot testing of the effectiveness of a new policy proposal, but on an analysis of the consequences of "doing nothing" more than is now being done--in short, a form of evaluation research. From this case, the authors' work experience in policy analysis, and relevant literature principles for conceptualizing and conducting policy impact analysis are suggested.

The Case

In the spring of 1978, Governor Robert Bennett of Kansas commissioned a task force on the problems of youth. Bennett's motives in establishing the task force were multiple: First, he was concerned that numerous indicators of juvenile delinquency, e.g., juvenile court cases, youth in state custody, and crowded facilities, were on the rise and was in a quandary as to what, if anything, state government should do. He had completed four budget cycles as governor and was well aware of the standard proposals from the state juvenile services agency: more staff, more facilities, higher staff salaries, increased rates for providers, and expansion of existing programs. While he had generally supported the agency in such requests through his budget recommendations, he was not enthralled with this

response and was hoping the task force would come up with something better. Finally, the Governor's action was not taken in response to any public outcry, interest group pressures, or political demands concerning juvenile delinquency. There was no emergency, real or perceived, and the task force received hardly any press attention. Even though the task force functioned during an election year, the issue of juvenile delinquency was hardly, if ever, raised in political discussion or debate.

Bennett appointed to the task force a broadly representative group including state and local officials with work experience in juvenile law enforcement, juvenile courts, juvenile parole, and juvenile services and institutions; state agency heads with responsibilities affected by problem youth, e.g., education, employment, adult corrections, and state planning; state legislators; and public citizens. This composition brought to the task force a high level of experiential knowledge with juvenile problems and a substantial degree of sophistication with bureaucratic institutions designed to deal with juvenile problems as well as the political dimensions of juvenile issues. The task force was staffed by the state juvenile services agency and the governor's policy analysis staff.

After working and deliberating over a six month period the task force made a number of recommendations, one of the most significant being universal child health screening and improved pre-natal care as measures to prevent juvenile delinquency. The decision making process which led to this recommendation may be dissected into four key elements: a desire for prevention recommendations; a consideration of health factors; selection of health screening; and the use of a social costs approach to explain and advocate the recommendation.

Most members of the task force had a basic understanding of juvenile delinquency and of the standard governmental responses to it, that is, adjudication and various levels of treatment, care, and supervision—after delinquent behavior has

occured. The combined experience of task force members in juvenile treatment systems, that is, in enforcement, adjudication, detention, institutions, and foster care, contributed to a skepticism toward the effectiveness of these systems as well as an awareness of their high costs. While no one was ready to abandon such systems—indeed, task force members felt such systems must be maintained and improved—there was general agreement that those juveniles entering the treatment system were less likely to lead self-sufficient, productive lives, and that in far too many cases juveniles leaving the treatment system were becoming added social liabilities through their entry into adult corrections, welfare, unemployment, and their demand for other social services. For this reason, the task force created a prevention committee staffed by the governor's policy analysis staff with the mission of developing recommendations designed to reduce the proportion of juveniles entering the juvenile treatment system.

The first realization of members and staff of the prevention committee was that neither time nor resources allowed a comprehensive study to identify those factors which contributed to delinquent behavior and which were also susceptible to preventive action by the state. Based on this realization, those factors not easily amenable to state action—family, peer group influence, poverty, racism, and neighborhood structure—were removed from serious consideration while those more amenable to state action were considered further.

Task force members had been impressed by testimony that learning disabilities and delinquency were linked and by findings that 40% of the youth at one state juvenile institution had hearing problems; and that a substantial number of undected health problems were found in older youth through early, periodic, screening, diagnosis, and treatment (the Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT) was mandated by Congress in 1967 and was being provided by local health departments, physicians, schools, or health maintenance organizations). On

the other hand committe staff had surveyed available literature on juvenile delinquency and found little suggesting a relationship between health and delinquency, although one study (Haggerty, et al, 1975) had shown important links between health and various behavioral problems, for example, school problems, social relations, and psychological adjustment, while other research (Chaiklin, et al, 1977; and Litt and Cohen, 1975) showed 46% to 65% of the juvenile delinquents in custody had a variety of undetected health problems requiring medical attention. This evidence led the task force to explore the health factor further and commission its own study of the health status of juveniles in state custody in Kansas. A random sample of juveniles in four categories of state custody revealed that 48-66% of these youth had undetected health problems of the type likely to result in school or behavioral problems, that is, vision, hearing, speech, or neurological impairments. Based on these findings, the prevention committee theorized that health was a significant factor contributing to learning and behavioral problems and ultimately to delinquent behavior in juveniles.

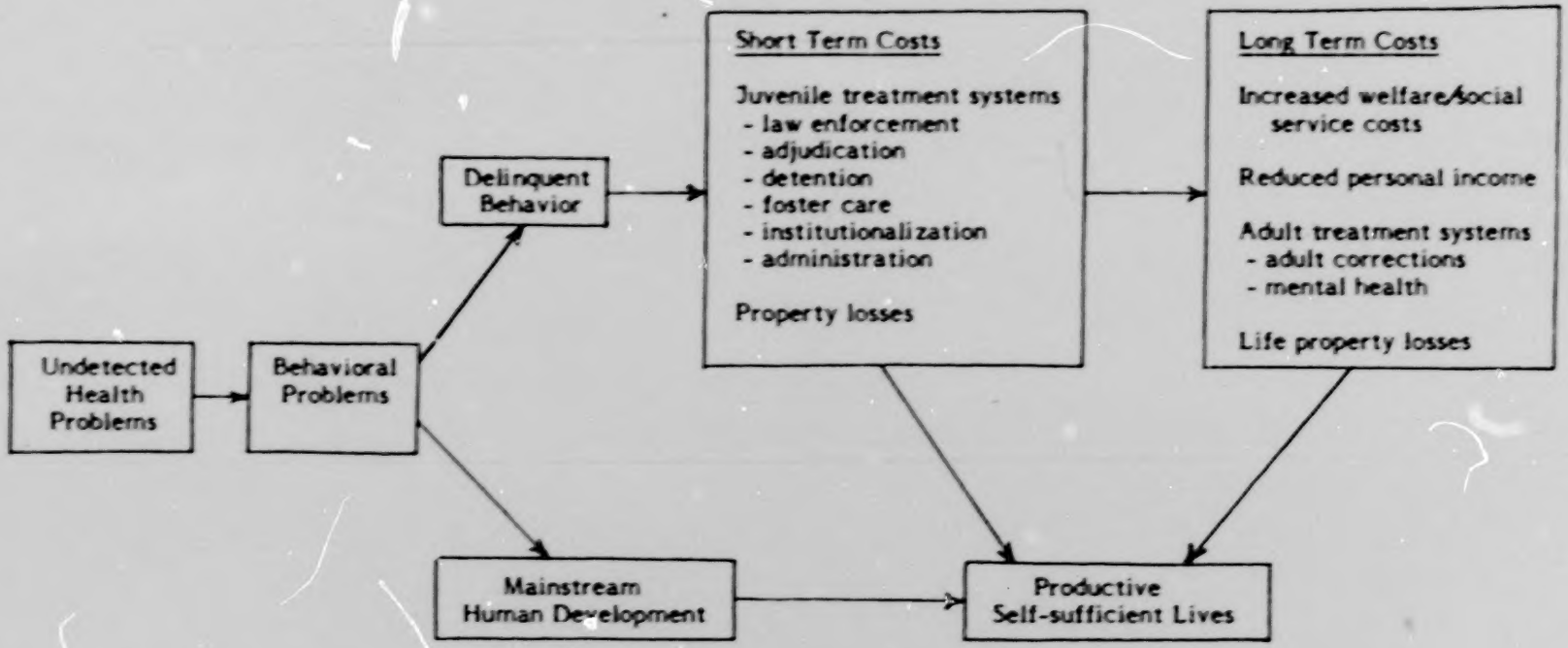
Given the theory and supporting data that health problems undetected at an earlier age were contributing to juvenile delinquency, the task force turned to possible recommendations. Because technology was available for detecting health problems at an early age and because EPSDT, as a standardized form of health screening, was available to Medicaid recepients (although less than 20 percent of those eligible were participating), the committee decided to recommend that a child health assessment meeting the standards of EPSDT be a condition for entrance to a Kansas school and that a follow-up report be provided to the school. The committee also recommended increased funding for pre-natal care aimed at preventing health problems. The prevention committee felt that even if the theorized linkages between health and juvenile delinquency proved invalid, universal health screening

and improved pre-natal care would not be detrimental—except for minimal costs—and would contribute to health for health's sake. Additionally from an efficiency viewpoint there was evidence that Medicaid treatment costs per child in Kansas and other states were less for EPSDT screened children than for those not screened (Penner and Flentje, 1979).

The task force had deduced its own theory of juvenile delinquency and its impact (see Chart 1). The task force theorized that undetected health problems led to behavioral problems, which in turn caused substantial short and long term social costs. The task force felt that increased public investment in detecting health problems in children and insuring that these problems were treated would decrease the number of youth going through the juvenile treatment systems and thereby reduce the short term social costs, conservatively estimated by the task force at $38 million annually, or $19,000 per year for every juvenile in state custody due to delinquent or ungovernable behavior. The long term social costs, the costs of adult treatment systems, increased welfare and social service costs, and other expenditures resulting from those delinquents not ultimately assisted to productive, self-sufficient lives by juvenile treatment systems, were not estimated by the task force but were nonetheless felt to be real and substantial. The "social costs" approach (see Levin, 1972) was responsive to Kansas political culture in that it provided a conservative rationale—avoiding future public expenditures—for a new governmental policy, regulation of individual behavior via mandatory health assessments.

Governor Bennett endorsed the recommendation. More surprisingly, the new governor, John Carlin, who had defeated Bennett in November, issued a special message to the legislature on youth, a keystone of which was universal child health assessment, and recommended funding increases, the following year, in programs providing pre-natal care. One house of the legislature passed legislation requiring the assessments; however, the legislation failed in the other house due to uncertainty over cost to the public. Another indicator of task force's impact was the

Chart 1: Juvenile Delinquency and Its Impact



bureaucratic response to the greatly increased public and gubernatorial interest in child health assessments. Child health assessments through EPSDT gained a renewed emphasis and coverage jumped from 12,000 children in 1978 to over 20,000 in 1981, an increase of 66% in a period of stable caseloads.

Principles for Prescriptive Policy Analysis

This case and other experience in policy analysis suggest certain principles for conceptualizing and conducting prescriptive policy analysis which is evolving more as a practical art than as a field of study; the doing is leading the thinking.

In considering the principles we suggest, the reader should keep in mind that our setting, our resources, and our methods were not atypical from others involved in conducting prescriptive policy analysis. Our institutional location and biases were those of a central policy analysis staff. We were aligned with the governor and had access to power. We had a built-in skepticism of the status quo. Our resources were severely limited in that we could dedicate only a portion of our time and other staff resources to any one issue such as the task force on the problems of youth. These resource constraints matched against overwelming demands for policy advice mandated quick and dirty methods (Behn and Vaupel, 1978) in response to complex problems and a heavy use of judgment and intuition.

Our internal processes of analysis are most appropriately described as a form of mixed scanning (Etzioni, 1967) of the fields of knowledge and of the environment of policy and a meshing of both arenas. Our construction of theory linking health and juvenile delinquency, for example, involved scanning various bodies of knowledge for relevant variables, understanding the nature of relationships, and developing hypotheses concerning the processes involved. Our scanning of the policy environment assessed the significance of various political and bureaucratic constraints, the value of normative factors, and the political feasibility of various alternatives, among other factors. The meshing of knowledge and policy considerations involved

sorting out policy from situational variables (Coleman, 1975), tempering policy alternatives with knowledge, and applying knowledge in support of selected alternatives. For example, the definition of a health problem in this case was limited by both policy and knowledge considerations: first, from a policy standpoint, the definition was limited to those health problems that were susceptible to state action and that could be detected by existing screening programs; second, from a knowledge standpoint, the definition was limited to only those health problems that were likely to lead to behavior problems.

The principles suggested are as follows:

1. The principal test of prescriptive policy analysis should be: Does it make a difference? Does it result in a modification of policy? Action is the primary criterion, the motive force, and the fundamental bias of prescriptive policy analysis, whether the focus is outcome, impact, or other elements of the policy cycle. Failure to declare the motive for policy study has in our judgment created methodological confusion and hindered development of policy analysis. Prescriptive policy analysis, that is, bringing intelligence to bear on the question, What should government do?, is policy study for the sake of action, not policy study for the sake of study, the approach which has dominated thinking in the field, particularly in the area of policy impact analysis (Cook and Scioli, 1972). The latter approach, constructed around disciplinary interests, proposes methodological splendor, data requirements almost without limit, and a new set of jargon but results in little action. Applying the rigors of scientific method to evaluation research can be inherently conservative, protective of status quo interests, and reinforcing of inertia, because if we wait until we know with certainty, we will never act, or by that time action will be irrelevant. As Coleman states it, "partial information available at the time an action must be taken is better than complete information after that time" (1975, p. 22).

In our case, the research was not designed to test a casual relationship between health and delinquency but did provide evidence that a casual link was possible. If the relationship was validated, the social costs associated with delinquency would significantly outweigh the costs associated with prevention of health problems.

The emergence of prescriptive policy analysis and particularly policy impact analysis is a direct response to the demands of policy makers for help in the policy process (Dolbeare, 1974). The political need for action has literally created the practical art of prescriptive policy analysis, so that its practice (see, for example, Recent Social Trends, Report of the President's Research Committee on Social Trends, 1933; Goals for Americans, Report of the President's Commission on National Goals, 1960; and Toward a Social Report, 1970) has preceded serious study. Moreover, as a result of the increasing complexity and number of public policy issues these political demands for policy advice are growing at an accelerating rate.

Despite the demands, using what we know as a guide to future action has had limited impact on the formulation of public policy. While the policy process may be conceived as a form of social learning with goal directed and goal changing feedback, there is scant evidence that systematic feedback from our experience has been a guide to future behavior (Dror, 1968; Weiss, 1973; Dolbeare, 1974). Applying action as the prime concern of policy study would do much to shift policy study off the academic sidelines into the real world of policy.

2. Those conducting prescriptive policy analysis should have an understanding of those who have the will to act and of their own limitation in guiding those who have the will to act. Prescriptive policy analysis cannot proceed in ignorance nor be performed in isolation of the will to act; understanding is the first element of supporting those who have the will to act; and those conducting prescriptive policy analysis should grant substantial deference to those who hold power in assessing the political feasibility and in defining the timing and content of policy actions. Those

in positions of leadership continually face the political necessity to strive, whether they seek institutional maintenance or institutional change (Selznik, 1957). An important element of striving is policy leadership—identifying policy problems, defining a policy agenda, and creating and taking advantage of policy opportunities—which seemingly come and go at random. Prescriptive policy analysis can assist with this policy leadership through the guidance function (see, for example: Rivlin, 1971; Dror, 1968, 1971a, 1971b; Weiss, 1972; and Quade, 1975). The guidance function can best be carried out, at least in most complex organizations, through a central policy analysis staff (Dror, 1968), which should have access to power through its organizational location, and to knowledge through its internal capabilities and resources. Such a staff can be particularly useful in broadening the range of options available to those with the will to act and thus helping counteract those who are seeking to limit and narrow the options (see Lowi, 1969).

3. A critical step in prescriptive policy analysis, and specifically policy impact analysis, should be describing the social or physical process in which a policy intervenes and the character of that intervention. Rational policy requires theory of social or physical processes; similarly, rational policy development requires the techniques of theory development: deductive logic, the systems approach, modeling, and hyphothesis building. Application of these techniques assists in identifying the stream of impacts, both costs and benefits, on people and in predicting the consequences of policy intervention on the process.

Theory construction helps simplify the problem that everything relates to everything by abstracting real world phenomena and complex relationships into a form that can be communicated. Relevant variables are identified, relationships among variables defined, and the direction and intensity of relationships hypothesized. Deductive theory is particularly useful in social policy and in prescriptive policy analysis because it provides a mechanism for organizing and giving meaning

to limited knowledge, bits of empirical research, expert opinion, normative considerations, selected hypotheses, as well as judgment and intuition--which is descriptive of the hypothetical theory of social costs pieced together in our case.

Another value of deductive theory to prescriptive policy analysis is that it provides a framework for social learning, for systematic feedback on our experience, and a guide to future research. For any policy problem, limited knowledge can be augmented; hypotheses tested; and earlier judgments revised. Through this interactive process and in light of new information theory can be refined and policy reformulated. In our case, for example, we recognized that juvenile delinquency was the result of many factors and complex social interaction but limited the hypothesized theory to those elements which could be dealt with from a policy standpoint. Whether these limitations are valid or invalid must await a testing of the policy and its supporting theory.

Experience with juvenile delinquency policy provides support for the conclusion (Blair and Maser, 1977) that the application of deductive logic to problems of prescriptive policy analysis will be more productive at this stage of social scientific development than will elegant experimental designs (Cook and Scioli, 1972) or extensive empirical research. The deductive approach seems more likely to provide "results that are with high certainty approximately correct" than other methods which produce "results which are more elegantly derived but possibly grossly incorrect" (Coleman, 1975: p. 23). In addition deductive theory is a means for linking the normative, the intuitive, and the judgmental with the empirical and provides a framework for evaluating both (Blair and Maser, 1977).

4. <u>Analyzing the impact of "doing nothing" is an essential step in prescriptive policy analysis</u>. "Doing nothing" is commonly the most prominent policy alternative under consideration in the policy process. It takes numerous forms: it may indeed be doing nothing, absolutely nothing; it may be doing nothing new, in other words,

more of the same or remedial adjustments of a short term nature; it may be budgetary incrementalism, that is, oozing forward budgetarily without change in policy or priority. "Doing nothing" in this sense is also the most likely outcome of the policy making process. Social innovations, policy alternatives having mid or long term consequences, fundamental policy changes, and new policy concepts are not easily brought into serious consideration nor are they a likely outcome. Alternatives to "doing nothing" are particularly unlikely to be considered seriously or to be adopted in the absence of: (1) a crisis or broadly perceived sense of crisis; (2) substantial political demands; or (3) a positive, direct, and timely relationship between costs and benefits in a policy alternative.

As a case in point, universal health screening for children as an idea has been around for years. In 1930 the White House Conference on Child Health and Protection proposed the school as a means of dealing comprehensively with children's health problems. Nearly fifty years later, however, health screening is either unavailable, ineffective, or not used by those who need it most (Davis and Schoen, 1978). "Doing nothing" in child health screening has carried the day because as an alternative it has created no crisis, real or perceived, nor has it been a matter of great political moment. Generally there has been no careful evaluation of existing policy, nor of alternatives to it. In our case, analyzing the impact of "doing nothing" was facilitated by use of the social costs approach to policy impact analysis. That approach allowed us to identify and place into order the full stream of costs incurred by existing policy without conducting costly and time-consuming empirical analysis of impacts. Social cost analysis also provided a normative base for introducing and advocating new policy, in other words, preventing social costs, both short and long term, and conserving child health and human resources.

Conclusion.

In response to political demands for assistance in the policy process, prescriptive policy analysis is evolving as a practical art. In most cases, those doing

policy study for the sake of policy are shaping the art without substantial support from a parallel field of study. Literature in the field tends to be dominated by disciplinary concerns, a desire for methodological elegance, and academic purity with little concern for action. As a result, most learning concerning prescriptive policy analysis is taking place through on-the-job experience. Moreover, the rigid disciplinary posture from a policy viewpoint has a distinct conservative bias and is allied with the political forces of particularism. For the thinkers in the field we would suggest a reorientation of the policy study field more to the realm of policy using the principles we have outlined. For the doers in the field we would encourage contributions to the literature of policy study specifically a careful identification and recording of what works, how prescriptive policy analysis has led to action.

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